



VA Stroke Study Questions Assumptions Behind Wide-Spread Adoption Of Intra-Arterial Treatments

HOUSTON – Researchers at the Michael E. DeBakey VA Medical Center (MEDVAMC) have found medical treatment for stroke seems overall to be just as effective as more invasive procedures using intra-arterial catheters. The review, by Pitchaiah Mandava, M.D., Ph.D., M.S.E.E., Neurology Care Line staff physician and Thomas Kent, M.D., Neurology Care Line executive, appeared in the June 12, 2007 issue of *Neurology*.

Stroke is the number one cause of adult disability in the United States and the third leading cause of death. More than 700,000 people experience a new or recurrent stroke each year. Every 45 seconds an American has a stroke, every three minutes someone dies of a stroke in this country, and 15-30 percent of stroke survivors have serious long-term disability. The VA estimates it hospitalizes 15,000 veterans with a stroke each year.

One medical treatment option for stroke is a medication called tissue plasminogen activator (tPA). This is a “clot-busting” drug shown to be helpful in treating ischemic strokes caused by blood clots, but it must be given within the first three hours after the start of symptoms. While tPA can significantly reduce the effects of stroke and reduce permanent disability, most stroke patients do not arrive in time to receive the medication.

A more invasive option is intra-arterial (IA) therapy where arterial catheters are used to remove the clot causing the stroke. Using x-ray guidance, an interventional radiologist inserts a catheter through a nick in the skin at the groin and advances it through the femoral artery in the leg all the way to the tiny arteries in the brain where a clot-busting drug is placed directly on the clot or used to break up the clot mechanically.

“Since there are no randomized trials comparing IA therapies with

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Young Veterans Find Support, Encouragement, and Brotherhood on Their Road to Recovery at VA's Polytrauma Day Treatment Program

HOUSTON – On July 19, 2007, the Michael E. DeBakey VA Medical Center (MEDVAMC) held a graduation ceremony for the first class of its Polytrauma Day Treatment Program.

In the past, veterans undergoing rehabilitation for polytrauma and traumatic brain injuries received specialized individual therapy. However, because research shows individuals greatly benefit from the mentorship and fellowship in group settings involving others with similar injuries, the MEDVAMC added a Polytrauma Day Treatment Program to its array of services for veterans of the current conflicts in Iraq and Afghanistan.

In August 2005, the MEDVAMC was designated a Polytrauma Network Site, providing specialized, post-acute rehabilitation in consultation with the VA Rehabilitation Centers in a setting appropriate to the needs of veterans, service members, and families. These Network Sites provide proactive case

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Polytrauma Day Treatment Program graduate and U.S. Army veteran Xavier Negrete chats with his Occupational Therapist Tracey Kessel, OTR. The Michael E. DeBakey VA Medical Center recently added this important program to its services for veterans.

Photo by Bobbi D. Gruener, MEDVAMC Public Affairs Officer

Houston Only VA with Consistently Low Mortality Rates for 7 Consecutive Years

HOUSTON – Setting a record in the Department of Veterans Affairs, the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) has demonstrated consistently low observed-to-expected mortality rates in all surgery seven years in a row. The MEDVAMC is the only VA facility with this record.

“The entire surgical team, including surgeons, anesthesiologists, nurses, and our support staff, should be proud of their hard work in providing consistent, outstanding care to our veterans,” said David H. Berger, M.D., MEDVAMC Operative Care Line executive.

By reviewing the accrual, workload, and outcome information on major surgery procedures performed at the MEDVAMC in fiscal years 1999 through 2006, health care providers have facts about comparative risk-adjusted outcomes of major surgery and reliable data about workload and length of stay. The ultimate use of this data is to improve the quality of surgical care to all veterans.

Beginning in fiscal year 1999 with 1,417 cases reported to the VA database for the MEDVAMC, the operative mortality was 2.8 percent and the observed-to-expected (O/E) mortality ratio was 0.85. In fiscal year 2006 with 1,426 reported cases, the operative mortality was 2.6 percent and the O/E mortality ratio was 0.72. The years between reflect the same trend.

An O/E ratio statistically significantly above one indicates that mortality is higher than what would be expected on the basis of the patient characteristics. An O/E ratio statistically significantly below one indicates that mortality is lower than what would be expected on the basis of the patient characteristics.

Prompted by the need to assess comparatively the quality of surgical care in VA hospitals, the Department of Veterans Affairs conducted the National VA Surgical Risk Study (NVSRS) in the early 1990s in 44 VA medical centers.

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Special Event:

POW/MIA Day

Ceremony

September 21, 2007

10 a.m.

MEDVAMC

4th Floor Auditorium

Tips for Veterans of Enduring Freedom/Iraqi Freedom Applying for VA Health Benefits

HOUSTON - One of the more difficult tasks for a returning veteran is applying for the many VA benefits. The unknown of "should I," "would I qualify," "how do I apply," or "where do I go for help" can be a frustrating experience. The Michael E. DeBakey VA Medical Center (MEDVAMC), located at 2002 Holcombe Boulevard in Houston, intends to ease those frustrations and facilitate your transition from active participation in armed conflict back to civilian life with some basic tips for applying for health benefits.

To apply for health benefits, it is useful to have a copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty. You will also need to fill out VA Form 10-10EZ, Application for Health Benefits. This form is available on the Internet at <https://www.1010ez.med.va.gov/sec/vha/1010ez/>. You may also obtain the form by calling VA's Health Benefits Service Center toll free number, 1-877-222-VETS (8387), Monday through Friday, 7a.m. - 7 p.m. or by calling or visiting the MEDVAMC or any one of its five outpatient clinics.

The MEDVAMC's Eligibility and Enrollment Office is located on the 1st Floor near the main elevators. The telephone number is (713) 794-7288. To have a free information packet about the MEDVAMC mailed to you, call (713) 794-7349.

You may also apply for health benefits at any one of the MEDVAMC's

Community Based Outpatient Clinics (CBOC) in southeast Texas. These CBOCs provide preventive health services, primary medical care, mental health services, and routine radiology exams and diagnostic tests.

Beaumont Outpatient Clinic
3420 Veterans Circle, Beaumont, TX 77707
(409) 981-8550 or toll free 1 (800) 833-7734

Conroe Outpatient Clinic
800 Riverwood Court, Suite 100, Conroe, TX 77304
(936) 522-4000

Galveston Outpatient Clinic
6115 Avenue L, Galveston, TX 77551
(409) 741-0256 or toll free 1 (800) 310-5001

Lufkin - Charles Wilson Outpatient Clinic
1301 W. Frank Ave., Lufkin, TX 75904
(936) 637-1342 or toll free 1 (800) 209-3120

Texas City Outpatient Clinic
9300 Emmett F. Lowry Expressway, Texas City, TX 77591
(409) 986-1129 or toll free 1 (800) 310-5001

Located on a 118-acre campus and built in 1991, MEDVAMC is a state-of-the-art facility with 343 hospital beds, a



Photo by CPT Randy Stillinger, Texas Army National Guard, 36th Combat Aviation Brigade

To apply for VA health benefits, it is useful to have a copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty. You will also need to fill out VA Form 10-10EZ, Application for Health Benefits.

40-bed Spinal Cord Injury Center, and a 120-bed transitional care unit for long-term care. Veterans are referred to the MEDVAMC for specialized diagnostic care, radiation therapy, surgery, and medical treatment including cardiovascular surgery, gastrointestinal endoscopy, nuclear medicine, ophthalmology, and treatment of spinal cord injury and diseases.

An Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) combat veteran's first contact with the MEDVAMC consists of two screenings: 1) a medical appointment with a general practitioner in a Primary Care Clinic; and 2) an appointment with a mental health professional to be checked for symptoms of a variety of mental health complaints including depression, post traumatic stress disorder (PTSD), anxiety

disorder, substance abuse/dependence, and adjustment disorder.

The VA's first priority is to provide the highest quality health care possible for service-connected disabled veterans, veterans with no health care options, and those who need specialized services. Another major priority for the VA is to have the highest possible concern for the welfare of service members returning from Southwest Asia. The MEDVAMC's OEF/OIF Coordinator is Fern Taylor who may be reached at (713) 794-7034. Her alternate is Vickie Toliver, Transition Patient Advocate at (713) 794-8825.

If you are interested in applying for non-medical benefits, visit <http://www.seamlesstransition.va.gov/tips.asp> or call the Houston VA Regional Office at (713) 383-1999 or toll free 1-800-827-1000. ♦

A Word from the Director . . .

We Need To Do A Better Job

HOUSTON - The Michael E. DeBakey VA Medical Center constantly strives to provide the highest possible quality health care for our Nation's veterans, but we have been lax in one very important area - communication.

We need to do a better job of answering our telephones and returning the messages we receive from you - our veteran patients. You have voiced your concerns about this problem through the "Speak to the Director" program and to the staff in the Consumer Affairs Office.

"Because we are busy" is not an acceptable excuse. The problem is not isolated to one clinic, one location, one office, or one person. It is widespread throughout the hospital and the outpatient clinics. Good business practice and good sense tell us the problem needs to be fixed, and fixed soon.

The MEDVAMC management team is committed to turning this situation around. This topic is a top priority and is included in the 2008



Edgar L. Tucker, Medical Center Director

Strategic Plan for the facility. Every Care and Service Line will be required to address this issue. We will search for better communications technology to assist and will commit to make certain every staff member effectively uses the technology currently in place.

The MEDVAMC offers highly skilled and talented health care providers, state-of-the-art equipment, technology, and facilities, and the capability to provide the very best in health care. We waste this capability and our patients' time when we are not able to effectively respond to our veterans' telephone calls. We can do better and we will. ♦

OPERATION IRAQI FREEDOM - ENDURING FREEDOM



ENDURING AND IRAQI FREEDOM VETERANS

If you were recently discharged from the military, with service in a theater of combat operations, VA can provide you free medical care for two years from your discharge from active duty for conditions possibly related to your service, regardless of your income status.

**Please contact Fern A. Taylor,
OEF/OIF Coordinator at (713) 794-7034
or Vickie Toliver, OEF/OIF Veteran Advocate
at (713) 794-8825.**

New Device at DeBakey VA Medical Center Offers Hope to Heart Patients

HOUSTON - At the Michael E. DeBakey VA Medical Center (MEDVAMC), patients too ill to survive heart surgery can now be treated with a new device designed for those with the sickest of hearts. The TandemHeart® is a small, left ventricular assist device (LVAD) for patients with extremely poor heart function.

According to the American Heart Association, almost 5 million Americans live with heart failure and more than 550,000 new cases are diagnosed each year. Sometimes, when patients in heart failure arrive at the hospital, they are so ill that any sort of surgery or therapy could be fatal. That is where this new, cutting-edge technology comes in.

"The device is for the most critically ill patients," said Biswajit Kar, M.D., F.A.C.C., director, Cardiac Catheterization Laboratory. "The Michael E. DeBakey VA Medical Center (MEDVAMC) is the first VA hospital in the country and one of the very few in the Texas Medical Center to use this innovative technology.

Interventional cardiologists make a small incision in the groin area, guide the device through the blood vessels, and place it in the heart's left atrium. It remains attached by thin tubes that are connected

to a pump outside of the body. It works to divert blood, reducing the workload of the pumping chamber. Oxygen-rich blood is withdrawn from the left atrium of the heart and returned through the large artery.

The device was used for the first time at the MEDVAMC in May on a patient with artery blockage. "His heart was so weak he would not have survived a surgical procedure," said Biykem Bozkurt, M.D., F.A.C.C., chief, Cardiology Section.

"Before and after my procedure is like night and day. When I was in the ambulance, I told them I wanted to go to the VA because I've been coming here for 25 years now," said U.S. Air Force Veteran Wendel Coleman. "I know they have great doctors, like Dr. Kar. He's the man I wanted to be standing at the operating table."

The LVAD is strapped to the patient's thigh near the exit of the tubes from the body and assists with heart function. The patient then has time to allow his or her heart to heal, become stable enough for other types of medical intervention such as a long-term, surgically placed heart pump or angioplasty, or prepare to receive a new heart via transplant.

"By placing the patient on the left

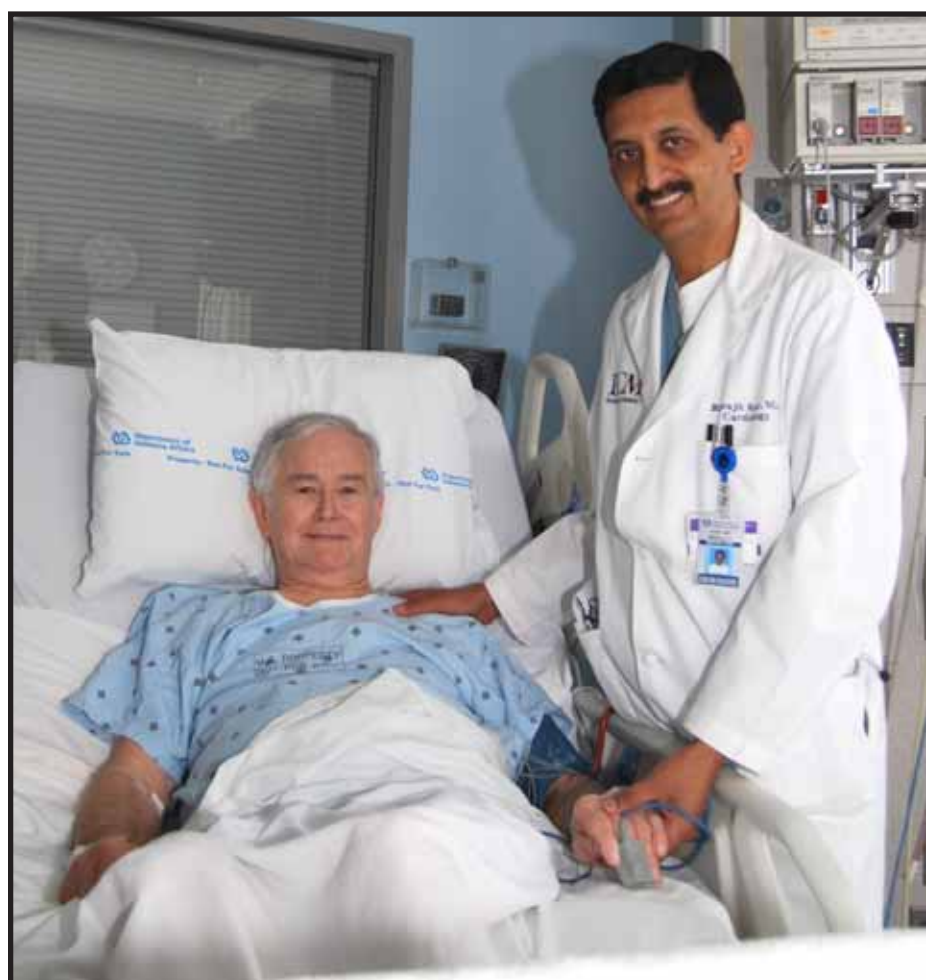


Photo by Bobbi D. Gruner, MEDVAMC Public Affairs Officer

"Before and after my procedure is like night and day," said U.S. Air Force Veteran Wendel Coleman above with Biswajit Kar, M.D., F.A.C.C., director, Cardiac Catheterization Laboratory. "I know they [VA] have great doctors, like Dr. Kar. He's the man I wanted to be standing at the operating table."

ventricular assist device, Dr. Kar and I were able to stabilize his heart and insert stents into the blocked arteries," said David Paniagua, M.D., F.A.C.C., F.S.C.A.I., co-director, Cardiac Catheterization Laboratory.

The LVAD has been approved for temporary cardiac backup, not long-term use. The pump can deliver flow rates up to four liters a minute at a maximum speed of 7,500 rotations per minute. ♦

Lufkin Veterans Ride to Medical Appointments in Comfort and Style

LUFKIN, TX - In July, Michael E. DeBakey VA Medical Center (MEDVAMC) accepted an offer from the T.L.L. Temple Foundation to fund a multi-year contract supplying a passenger coach to transport veterans from Lufkin to the VA medical center complex in Houston.

In 2006, former U.S. Representative Charlie Wilson and the T.L.L. Temple Foundation recognized that sick and disabled veterans in the area needed better transportation to their medical appointments at the MEDVAMC.

Meeting with the Brazos Transit District and the staff of the Charles Wilson VA Outpatient Clinic (CWOPC) in Lufkin, the Brazos Transit District recommended a turnkey program operated by Coach USA for a daily bus to go between the Jennings Bus Station in Lufkin and the MEDVAMC.

The bus is a comfortable 50-passenger coach with a restroom and capacity for two wheelchair bound

passengers. This free service is available for veterans with appointments at the MEDVAMC and up to one guest and began on Monday, August 13, 2007.

Any veteran traveling to Houston for an appointment with the MEDVAMC can reserve, in advance, a seat on the bus by contacting the CWOPC Reception Desk at (936) 633-2740.

Reservations for the bus are on a first-come, first-served basis. The bus runs Monday through Friday except federal holidays, departing the Jennings Bus Station located at 302 South First Street in Lufkin at 7:30 a.m.,

and stopping at the Brazos Transit District Facility at 202 Pan American in Livingston at approximately 8:30 a.m., to pick up additional veterans. The bus will arrive at the MEDVAMC in Houston at approximately 10 a.m. and depart at approximately 3 p.m. depending on weather and traffic conditions. ♦

Each One! Reach One! Teach One!

Vet to Vet



Vet to Vet is a new Peer Education & Support Group comprised of veterans teaching and learning from each other about mental illness as a means of achieving recovery. This group is open to all veterans. There are no therapists at the meetings, only peers helping peers.

The groups are held at the Michael E. DeBakey VA Medical Center in Room 6B-117 on Tuesdays, 3-4 p.m., Wednesdays, 11 a.m.-12 noon, and Wednesdays, 6-7 p.m. For more information, contact Dr. Sara Allison at 713.791.1414, ext. 6729 or 713.794.7848.

What Services Do Vet Centers Offer?

HOUSTON – In 1979, Congress authorized the VA to provide Readjustment Counseling to veterans of the Vietnam Era through its newly established Readjustment Counseling Service. Through Public Laws enacted after 1979, services currently extend to all pre- and post- Vietnam Era Veterans who served during periods of armed hostility. Entitlement also extends to any veteran, regardless of enlistment period, who reports having experienced any form of sexual harassment, assault, or trauma during military service.

The purpose of Readjustment Counseling Service includes providing outreach counseling services through its Vet Centers located outside of Medical Centers; utilizing a case-finding approach, which involves seeking out eligible veterans in the surrounding communities; providing a community-based site for eligible veterans to receive help with post-war readjustment to civilian life; and making appropriate referrals with follow-up to federal, state, and local community agencies.

In Houston, one Vet Center is located at 701 N. Post Oak Road, (713) 682-2288, and the other at 2990 Richmond Avenue, Suite 225, (713) 523-0884.

Any veteran who served on active duty during the following periods of armed hostility and received an other than dishonorable discharge is eligible for services: World War II, Dec. 7, 1941 - Dec. 31, 1946; American Merchant Marines, Dec. 7, 1941 - Aug. 15, 1945; Korean Conflict, Jun. 27, 1950 - Jan. 27, 1954; Vietnam Conflict, Feb. 28, 1961 - May 7, 1975; Lebanon, Aug. 25, 1982 - Feb. 26, 1984; Grenada, Oct. 23, 1983 - Nov. 21, 1983; Panama, Dec. 20, 1989 - Jan. 31, 1990; Persian Gulf, Aug. 2, 1990 - ; Somalia, Sep. 17, 1992 - ; Bosnia-Herzegovina, Croatia, Adriatic Sea, 1998 - ; Global War on Terrorism, Sep. 2001 - ; and Operation Iraqi Freedom, March 2003 - .

Bereavement services for parents, spouses, and children of Armed Forces Personnel who died in the service of their country are also offered. Family members and/or significant others are also eligible to receive readjustment counseling when such services are deemed appropriate in facilitating the veteran's care.

Services generally provided by the Vet Center include social services; psychotherapy (individual, group, and family); outreach and networking; veterans benefits counseling (assistance in filing for compensation for disability related to the military); bereavement counseling; substance abuse counseling; community education; and referrals for basic needs, shelter, and financial assistance.

Readjustment Counseling Services may be available in areas where there are no Vet Centers. These services are provided by private health-care providers on contract. ♦

New Polytrauma Day Treatment Program

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management for existing and emerging conditions and identify local resources for VA and non-VA care.

The first graduates included two Army veterans, one Marine Corps veteran, one active duty Army soldier, and one active duty Navy sailor. One was injured when his armored vehicle struck an improvised explosive device while on routine patrol in Iraq, while the other four were injured in accidents stateside.

"The idea behind the Day Treatment Program is veterans are integrated into a group of five or ten and they go through a portion of their rehabilitation together," said Nicholas J. Pastorek, Ph.D., clinical neuropsychologist, Rehabilitation Care Line. "They learn together, motivate each other, give hope and emotional support to each other, interact, and challenge each other."

The program includes sessions focusing on cognitive rehabilitation, social and life skills, motor and endurance, techniques to return to work or school, health and behavior information, and resuming life with family and friends. In addition, the group chooses, plans, and makes trips into the community. One such trip was to the Houston Fine Arts Museum to view the Arms and Armor collection.

"The best part of the trip was when Xavier left his wheelchair, stood up, and walked up a flight of stairs by himself," said U.S. Army service member Dominic Franco of his classmate, U.S. Army veteran Xavier Negrete. Of his own goals, Franco says he is working to improve his balance so he can surf again.

Unlike some programs outside the VA, group therapy sessions in the MEDVAMC Day Treatment Program involve a team effort with at least two different specialties. The team consists of experts from occupational therapy, physical therapy, kinesiotherapy, blind rehabilitation, audiology, prosthetics, vocational rehabilitation, social work, speech and language pathology, psychology, and neuropsychology.

"In the program, we work together on posture, breathing, keeping eye contact during conversations, problem solving, and organization skills," said U.S. Navy service member Patrick Nyangani, who plans to return to active duty in Connecticut in the next few weeks to continue his naval training.

"But, the best part is just to have someone to talk to who understands what you are going through," said U.S. Marine Corps veteran Russell "Rusty" Brooks, who saw combat as a sniper in Iraq.

To assist with organizational skills, time management, and thought processes, many group members are provided with personal digital assistants (PDA) and the necessary training to use them. In addition to storing such critical information as medical appointments, when to take medicine, and contact information for health care providers, the PDA sounds an alarm for useful reminders.

"Our goal is to help injured veterans and service members achieve their highest possible level of recovery and functioning, and maximize their level of independence," said Carol Gustafson,



U.S. Marine Corps veteran Russell "Rusty" Brooks works out during a physical therapy session at the Michael E. DeBakey VA Medical Center. "The best part is just to have someone to talk to who understands what you are going through," he said of the Polytrauma Day Treatment Program. The program includes sessions focusing on cognitive rehabilitation, social and life skills, motor and endurance, techniques to return to work or school, health and behavior information, and resuming life with family and friends.

M.S., CCC-SLP, speech and language pathologist, Operative Care Line. "We are a tool for these patients to use for their recovery and community reintegration."

Depending on individual medical

needs, graduates from the Day Treatment Program continue with individual therapy and may participate in a post-graduation, long-term support group at the MEDVAMC. ♦

Need Help to Quit Smoking?

WHAT: The Michael E. DeBakey VA Medical Center (MEDVAMC) is currently comparing two treatments to help people quit smoking. Study participation involves up to 11 weeks of group-based smoking cessation treatment and other proven treatment approaches, along with two individual follow-up interviews at three months and six months after treatment.

WHO: The study focuses on veterans who receive their mental health treatment at the MEDVAMC; have schizophrenia, schizoaffective disorder, bipolar disorder and/or manic depression; smoke at least five cigarettes a day; and want to quit smoking.

WHY: Quitting smoking may help you avoid the many health problems smoking is known to cause. Your participation in this research project will be helpful to you as well as your fellow veterans who want to quit smoking.

COMPENSATION: Eligible veterans may be compensated for their time.

INFO: For more information, contact your mental health care provider for a referral or call Avila Steele at (713) 794-8557 or Coreen Domingo at (713) 794-8619. This research study has been approved by the Baylor College of Medicine Investigative Review Board.



How to Take Charge of Your Pain and Find Relief

HOUSTON - The practice of pain management is probably one of the fastest evolving disciplines in medicine. The scope of this practice is still unknown to many people including some health care providers. For many painful conditions, using pain medication alone is no longer considered the standard of care. Newer modalities in pain management are generally more effective in treating pain with fewer adverse effects.

Do you know your body?

Injuries usually occur when muscles, joints, ligaments, and tendons are used beyond their functional and natural range. Often, the injury is noticeable and the sufferer discontinues the misuse of the tissues. However, with minor injuries, the damage continues and cause accelerated "wear and tear." Understanding the body's functional range will help prevent much of this damage and the chronic pain that can often ensue.

Chronic use of pain pills?

A class of pain medication known as opioids (opium-like substances) has been increasingly used for the treatment of chronic pain. The United States, with 4.6 percent of the world's population, consumes 80 percent of the world's opioid supply and 99 percent of the world's hydrocodone supply.

Opioids are associated with a very high rate of serious adverse effects. Some of these adverse effects are immediate and can easily be related to



During a recent appointment, Mehran Rahbar, M.D., director, Pain Management explains to U.S. Army Veteran Harold Tees the reasons behind his back pain. Injuries usually occur when muscles, joints, ligaments, and tendons are used beyond their functional and natural range.

the drug, but many others are delayed and difficult to associate with the drug. The prolonged use of these drugs makes complex changes in the nervous, endocrine, and immunologic systems, resulting in an opioid-induced hyperalgesia (increased pain perception due to opioid use), insomnia, emotional changes, abnormal body movements, sexual inadequacies, and increased susceptibility to infections.

The state medical boards have become increasingly aware of the harm induced by careless use of opioids. Therefore, the level of audits and monitoring has heightened. The clinical presentation of chronic opioid use is very similar to that of fibromyalgia (generalized pain, insomnia, depression, and easy fatigability). It is sometimes surprising to many pain sufferers and even some providers when they learn pain medications can be a source of pain.

What about a proactive attitude?

By far, the most important determinant of the prognosis of painful conditions is the knowledge of their generating factors. This knowledge is very difficult to obtain without the pain sufferer's participation in investigating the pain generators. In other words, treating different painful conditions with the same modalities, randomly chosen treatments, or aimless trial-and-error usually fails. Instead, an individualized approach based on the premise that even common pain problems usually have different origins is more successful.

For instance, the common back pain can have many different causes. Treatment of back pain of muscular, ligamentous, joint, nerve, bone, disk, or genitourinary origins with the same methods is very likely to fail. Specific treatments are

available for the above-mentioned pain generators. For example, arthritis in small joints in the spine can be treated with direct injection of steroid into these joints. Inflammation of the nerve roots, such as sciatica, can be treated with selective nerve root blocks or epidural steroid injection. Vertebral body fractures can be stabilized by injection of bone cement into the vertebral body. Herniated disks can be treated with intradiscal procedures. These procedures are now being performed with high level of safety and efficacy under real-time x-ray guidance. They are usually very specific and also powerful diagnostic confirmatory tools.

When to call in a surgeon?

The decision to undergo surgical operation is a serious one. In general, the response of back pain to surgery is poor. Leg pain or weakness due to nerve impingement, however, may need surgical intervention. The success depends on proper indication and the surgeon's skills.

The development of scar tissue and adhesion of the nerve roots in the spinal canal are not uncommon occurrences. The treatment of these surgically-induced complications is sometimes difficult and may require advanced pain management interventions. Spinal cord stimulation can be quite effective for these conditions, but the technique requires great skill.

Tips for relief?

- ✓ Understand your pain
- ✓ Know your limitations
- ✓ Focus on functional improvement
- ✓ Address the source of insomnia
- ✓ Do not rely on pain medications on a long-term basis
- ✓ Make sure you understand treatment goals, especially when it comes to irreversible treatments like surgery
- ✓ Be in charge of your pain

Pain relief or quality of life?

Despite the dramatic advances in pain management, improvement in quality of life ultimately relies upon the sufferers' understanding of their pain and their proactive involvement in treatment. Opioids may provide immediate pain relief in the short-term, but with continued use, their effectiveness declines and adverse effects appear in most patients. ♦ *Mehran Rahbar, M.D., Director, Pain Management*

Cancer Program Receives National Approval

HOUSTON - On June 15, 2007, the Commission on Cancer of the American College of Surgeons granted a three-year approval award with commendation to the cancer program at the Michael E. DeBakey VA Medical Center (MEDVAMC).

Established by the American College of Surgeons in 1932, the Approvals Program sets standards for cancer programs and ensures they conform to those standards. Recognizing cancer is a complex group of diseases, the program promotes consultation among surgeons, medical oncologists, radiation oncologists, diagnostic radiologists, pathologists, and other cancer specialists. This multidisciplinary cooperation results in improved patient care.

According to the American Cancer Society, more than one million people are diagnosed with cancer each year. Slightly more than one-fifth of the country's hospitals have approved cancer programs and more than 80 percent of patients who are newly diagnosed with cancer are treated in these facilities.

Approval by the Commission on Cancer is given only to those facilities that have voluntarily committed to provide the best in diagnosis and treatment of cancer and to undergo a rigorous evaluation process and a review of its performance. In order to maintain approval, facilities with approved cancer programs must undergo an on-site review every three years. Commendation rating is

awarded to only a select group of approved programs displaying an extraordinary level of quality and performance. MEDVAMC is one of the few VA programs nationwide that earned the commendation rating.

The five key elements needed for the success of a Commission-approved cancer program are 1) the clinical services provide state-of-the-art pre-treatment evaluation, staging, treatment, and clinical follow-up for cancer patients seen at the facility for primary, secondary, tertiary, or quaternary care; 2) the cancer committee leads the program through setting goals, monitoring activity, evaluating patient outcomes, and improving care; 3) the cancer conferences provide a forum for patient consultation and contribute to physician education; 4) the quality improvement program is the mechanism for evaluating and improving patient outcomes; and 5) the cancer registry and database is the basis for monitoring the quality of care.

Receiving care at a cancer program approved by the Commission ensures a patient will have access to quality care; comprehensive care that includes a range of state-of-the-art services and equipment; a multi-specialty team approach to coordinate the best treatment options available; information about cancer clinical trials; lifelong patient follow-up through a cancer registry collecting data on type and stage of cancers and treatment results; and ongoing monitoring and improvement of care. ♦

Don't Be A "No Show"

**Call (713) 794-8985 or toll free
1 (800) 639-5137 to cancel or
reschedule your appointment.**

If you cannot remember when your next appointment is or have not received an appointment letter from the MEDVAMC, call the Appointment Information Hotline at (713) 794-7648 or toll-free 1 (800) 454-1062.

How Can Non-Energy Activity Thermogenesis or NEAT Help Me Lose Weight?

HOUSTON - Obesity occurs when food intake exceeds energy output. Energy stores are depleted when more energy is used than the amount of energy consumed. Maintaining body weight is an art of matching energy intake and energy output. In other words, to lose weight, eat less and move more.

Burning calories can be done largely through physical activity. This activity can be composed of structured activities, such as purposeful walking or running, as well as non-structured activities, such as fidgeting-like activities, keeping posture or shifting of posture, moving around, and other normal, physical activities of daily life.

Calories burned during daily routines are considered non-structured activities and are not thought of as exercise. Any movement done during the day can burn calories. Doing short amounts of movement multiple times a day can add up to large amounts. These non-structured daily movements are a large part of total daily physical activity and are referred to as Non-Exercise Activity Thermogenesis or NEAT.

NEAT can be divided into two categories: occupation and non-occupation. Occupation NEAT refers

to people with jobs who have high levels of physical activity as part of their job. These people have the potential to burn 1,000 calories per day or more than their inactive peers. The amount of calories burned can have an affect on nutrition status and weight.

Lower-NEAT jobs have been linked with increased obesity rates due to the lower amount of calories burned. Non-occupational NEAT includes leisure sitting, standing, walking, talking, toe-tapping, playing guitar, dancing, and shopping.

Inactive leisure-time has resulted in a decrease in possible calories burned. Non-occupational activities have the possibility to aid in burning calories; however, with new developments this potential gets lower. Our lives now include dish washers, cars, remote controls, lawnmowers, drive-throughs, and elevators.

Increasing the amount of daily non-energy activity thermogenesis (NEAT) may have the potential to aid in weight maintenance or weight loss; particularly in those individuals who have limited mobility. Rotate your arms while watching TV, moving your legs, ankles, and feet under your desk, stretching or



MEDVAMC Dietetic Intern Emily Hartline discusses the benefits of daily exercise and good nutrition with Air Force Veteran Richard Boyett. Work exercise into your daily routine. Instead of using the elevators, try taking the stairs. Using the stairs many times a day can add up to a full 30-minute workout. If it is a nice day, park a little farther away at the grocery store. For counseling with a registered dietitian, call the MEDVAMC Nutrition Clinic at (713) 791-1414, ext. 4295 or ext. 6166.

flexing your muscles during a long airplane ride, or repositioning yourself while in a chair can increase the amount of calories you burn. Fidgeting-like activities while sitting or lying down have

been found to be more intense and last longer than whole body movements.

Work exercise into your daily routine. Instead of using the elevators, try taking the stairs. Using the stairs many times a day can add up to a full 30-minute workout. If it is a nice day, park a little farther away at the grocery store.

For more information on what physical activity is, why it is important, and tips on how to increase your physical activity, call the MEDVAMC Nutrition Clinic at (713) 791-1414, ext. 4295 or ext 6166 or visit www.mypyramid.gov/pyramid/physical_activity.html. ♦ Emily Hartline, MEDVAMC Dietetic Intern

Support Group Listing

Talk with a social worker on your nursing unit or in your Prime Care Clinic about available support groups.

Vet to Vet Support Group

Meets every Tuesday, 3-4 p.m. and every Wednesday, 11 a.m. - noon & 6-7 p.m., Room 6B-117. No facilitator involved. POC: Dr. Sara Allison, (713) 794-7848

MS Self-Help Group

Meets 2nd Wednesday every month, 2 - 3:30 p.m., SCI Dayroom (NU) 1B. Facilitators: Lisa Whipple, (713) 794-7951 & Fe Runtanilla, (713) 791-1414, ext. 4559

Parkinson's Disease Education/Support Group

Contact facilitators for information: Naomi Nelson, (713) 794-8938 & Lisa Whipple, (713) 794-7951

Cancer Support Group

Meets 2nd Tuesday every month, 2-3 p.m., Cancer Center Family Room, Room 4C-365. Facilitators: Maria Lozano-Vasquez, (713) 791-1414, ext. 5273 & Chaplain Douglas Ensminger, (713) 794-7200

Better Breather's Club

Meets last Wednesday every month, 1:30 p.m., Room 3C-371, Home Oxygen Clinic. Facilitator: Paula Denman, (713) 794-8979

Pain Relaxation Training Group

Meets every Wednesday, 1 p.m., Room 5C-215. Facilitator: Gabriel Tan, (713) 794-8794

Hepatitis C Support Group

Meets 1st Friday every month, 1:30 p.m., Primecare Clinic 5, Room 1A-442. Facilitators: Stacey Pelton, (713) 791-1414, ext. 6867 & Michelle Ray, (713) 791-1414, ext. 3394

Prostate Cancer Support Group

Meets 3rd Wednesday every month, 10 a.m., Cancer Center Conference Room, 4C-345. Facilitators: Tonjala Seals, (713) 791-1414, ext. 6227

Pain Management for Women

Meets every Friday, 1 p.m., Room 5C-215. Group facilitator: Gabriel Tan, (713) 794-8794

Pain Education Group

Meets every Wednesday, 2 p.m., Room 5C-215. Facilitator: Gabriel Tan, (713) 794-8794

Alzheimer's & Dementia Caregivers Group

Meets 3rd Tuesday every month, 5 p.m., Room 1C-270. Facilitator: Yvonne S. Mack, (713) 791-1414, ext. 4082

Amputee Support Group

Meets 4th Wednesday every month, 3 p.m., Nursing Unit (NU) 2A Dining Room. Facilitators: Anna Bracero, (713) 794-7816 & Betty Baer, (713) 794-7793

Mended Hearts (Heart Disease) Support Group

Meets 3rd Thursday every month, 11 a.m., Nursing Unit 2A Dining Room. Facilitators: Patricia Suarez, (713) 791-1414, ext. 6101 & Tommie Gonzalez, ext. 5254

HIV Support/Educational Group

Meets every Tuesday, 2 p.m., Clinic 4, Room 1A-442. Facilitator: Kathy Molitor, (713) 791-1414, ext. 6177 & Belinda Rainer, (713) 791-1414, ext. 5292

Pain Coping Skills Training Group

Meets every Tuesday, 1 p.m., Room 5C-215. Facilitator: Gabriel Tan, (713) 794-8794

Alcoholics Anonymous (AA)

Meets every Wednesday, 7 p.m., Room 6C-105. Facilitator: Bo Cook, (713) 791-1414, ext. 6987

Breast Cancer Support Group

Meets last Tuesday every month, 12 noon, Cancer Center Conference Room, 4C-345. Facilitators: Magdalena Ramirez (713) 791-1414, ext. 5287 & Shirley LaDay Smith, (713) 794-7926

Fibromyalgia Education & Support Group

Contact facilitator for information: Gabriel Tan, (713) 794-8794

Stroke Support Group

Meets 3rd Thursday every month, 3 p.m., Nursing Unit (NU) 2A Dining Room. Facilitator: Kathryn Kertz, (713) 791-1414, ext. 4192

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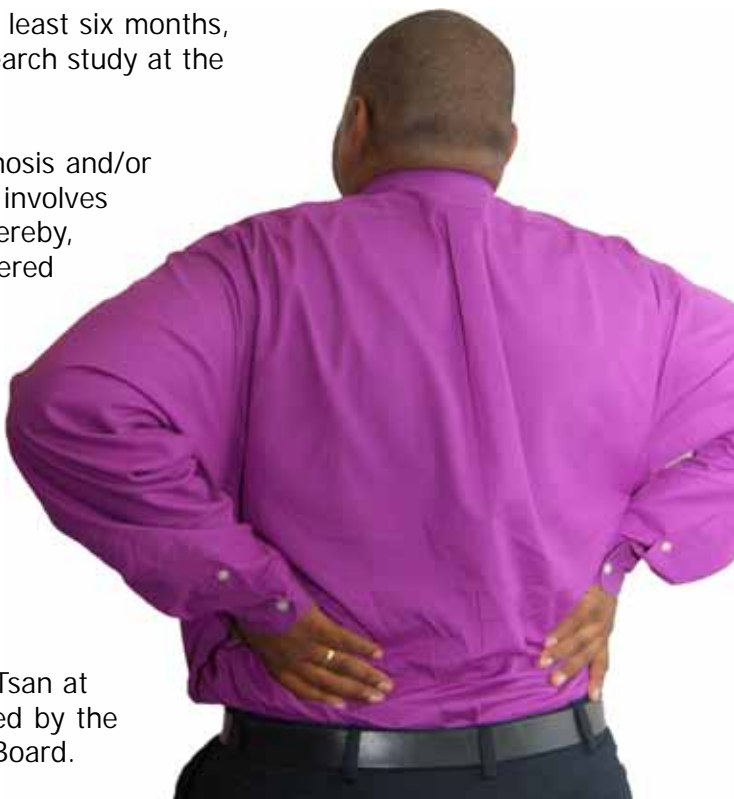
Do You Suffer from Chronic Lower Back Pain?

If you have experienced lower back pain for at least six months, you may be eligible to participate in a new research study at the Michael E. DeBakey VA Medical Center.

This study will assess the effectiveness of hypnosis and/or biofeedback in the treatment of pain. Hypnosis involves entering an altered state of consciousness; whereby, suggestions made while an individual is in an altered state can lead to changes in behavior or, in the case of pain, altered physical sensations.

Biofeedback is a process in which a physiological parameter such as near surface blood flow or muscle tension is recorded and shown to patients virtually instantly as the recording is made so patients can be coached to recognize levels of function and to control them.

For more information, call Jackie Grad or Jack Tsan at (713) 794-7491. This study has been approved by the Baylor College of Medicine Institutional Review Board.



What You Should Know about Diabetes



Photo by Bahi D. Gruner, MEDVAMC Public Affairs Officer

Prime Care Clinic Nurse Jeffrey Dubea, LVN examines veteran Charles Partridge's feet for ulcers during a recent appointment. Adults with diabetes need to take special care of their feet. They are at risk for foot injuries due to numbness caused by nerve damage and low blood flow to the legs and feet.

HOUSTON - An estimated 20.8 million people in the United States, seven percent of the population, have diabetes, a serious, lifelong condition. Of those, 6.2 million have not yet been diagnosed.

Diabetes occurs when you have too much glucose, or sugar, in your blood. Signs of early diabetes include increased thirst and urination, unexplained weight loss, blurred vision, numbness or tingling in the hands or feet, and/or poor wound healing.

Uncontrolled, diabetes over time can cause poor circulation, infections difficult to treat, nerve damage, blindness, kidney damage, and heart disease that can lead to death.

If you have diabetes in your family or suspect you might have symptoms of diabetes, please talk with your VA health care provider about a Blood Glucose Test. This is a laboratory test

that tells exactly how much glucose, you have in your blood when it is drawn.

Normal Blood Glucose levels should be between 70 and 110. Another test used to measure the glucose level in the blood is a Glycosylated Hemoglobin Test (HgbA1C). This test is used to check how much glucose has been in your bloodstream over the past two months before the test is done, and is useful to check how well your diabetes has been controlled with treatment.

Adults with diabetes need to take special care of their feet. They are at risk for foot injuries due to numbness caused by nerve damage (diabetic neuropathy) and low blood flow to the legs and feet. The most serious injury is a foot ulcer.

Diabetic foot ulcers are at very high risk of becoming infected, and sometimes they cannot be healed. Non-

healing foot ulcers are a frequent cause of amputation in people with diabetes. Patients with foot ulcers may use wound dressings, skin substitutes, or other treatments to protect and heal their skin.

You, or someone you know, should check your feet every day for any sores or redness. You should report foot problems immediately to your health care provider, wear properly fitting shoes, and never go barefoot. Diabetic patients should also have their VA health care provider check their feet once a year or more frequently.

Adults with diabetes should also have yearly eye exams to ensure the health of their eyes and to protect their vision. Over time, high blood sugar levels can damage the blood vessels that feed the retina of the eye. In nonproliferative diabetic retinopathy, an early stage of diabetic eye disease, the blood vessels may leak fluid. This may cause the retina to swell and vision to blur, a condition called diabetic macular edema.

In advanced or proliferative diabetic retinopathy, abnormal new blood vessels grow on the surface of the retina. The abnormal blood vessels do not supply the retina with normal blood flow. In addition, they may eventually pull on the retina and cause it to detach.

The symptoms of diabetic retinopathy can include blurry or double vision; rings, flashing lights, or blank spots; dark or floating spots; pain or pressure in one or both of your eyes; and trouble seeing things out of the corners of your eyes. If you notice your vision getting worse, contact your VA health care provider immediately.

Medication such as pills and/or insulin may be needed to lower your blood glucose level, but the most important treatment for diabetes is a proper diet, adjusted to your body needs and activity level. Talk with your VA health care provider for advice. You may also wish to call the MEDVAMC Nutrition Clinic at (713) 791-1414, ext. 4295 or ext. 6166 to speak with a registered dietitian. ♦ *J. Kalavar, M.D., Prime Care Director*

Record Low Mortality Rates at Houston VA

(continued from page 1)

The study developed and validated models for risk adjustment of 30-day morbidity and 30-day mortality after major surgery in eight non-cardiac surgical specialties. Similar models were developed for cardiac surgery by the VA's Continuous Improvement in Cardiac Surgery Program (CICSP).

"The Michael E. DeBakey Veterans Affairs Medical Center continues to stand out as a preeminent institution, providing the best of care to our nation's veterans," said Peter G. Traber, M.D., president and CEO of Baylor College of Medicine in Houston. "This important recognition is well-deserved for Dr. Berger as well as his team of surgeons, nurses, and staff. Baylor takes great pride in its partnership with the DeBakey VA."

For more than 50 years, the MEDVAMC has provided clinical training for health care professionals through its major affiliate, Baylor College of Medicine. MEDVAMC now operates the largest VA residency program with more than 215 slots accounting for more than 580 residents per academic year.

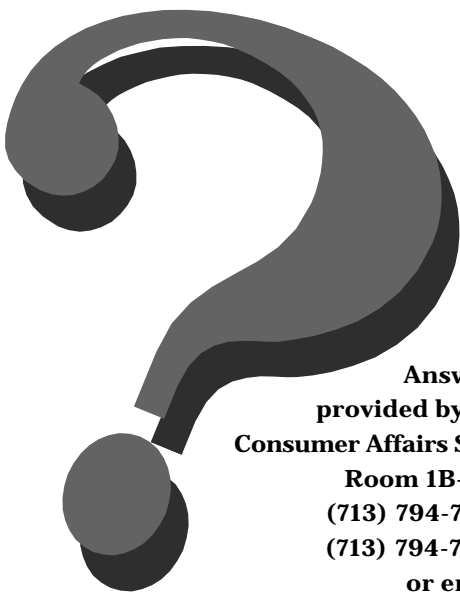
"I am very proud the Michael E. DeBakey Veterans Affairs Medical Center has achieved such an important objective," said Thomas B. Horvath, M.D., F.R.A.C.P., MEDVAMC chief of staff. "Our surgical service staff and its practices are top-notch. I also want to mention the contributions the staff of our Anesthesiology Service has made toward the care and well-being of our veterans. Their role is critical in reducing mortality rates in our medical center. I am pleased we serve as such a positive example for other hospitals both inside and outside the VA health care system." ♦

Important Stroke Study Results

(continued from page 1)

best medical treatment, we compared outcomes with models of outcome. While some studies did better than natural history of stroke, there was a lack of evidence for a net improvement in outcome after IA therapy relative to predicted natural history, substantiating the need for a prospective comparison with best medical therapy," said Mandava.

"Our additional analysis suggested that until these comparison studies are performed, IA therapy, if used, should be reserved for more severe patients who will do poorly without intervention," said Kent. ♦



Answers
provided by the
Consumer Affairs Staff
Room 1B-270
(713) 794-7883
(713) 794-7884
or email
vhahougeneralquestions@med.va.gov

Question: What type of employment programs are offered for veterans with service-connected disabilities?

Answer: The VA's Vocational Rehabilitation and Employment Program assists veterans who have service-connected disabilities with obtaining and maintaining suitable employment. Independent living services are also available for severely disabled veterans who are not currently ready to seek employment.

A veteran must have a VA service-connected disability rated at least 20 percent with an employment handicap, or rated 10 percent with a serious employment handicap, and be discharged or released from military service under other than dishonorable conditions. Servicemembers pending medical separation from active duty may also apply if their disabilities are

reasonably expected to be rated at least 20 percent following their discharge.

Additional information is available on www.vba.va.gov/bln/vreor or by calling the Houston VA Regional Office at (713) 383-1999.

Question: Does the VA offer a program where I can talk with other veterans about military experiences?

Answer: Vet to Vet is a new Peer Education & Support Group comprised of veterans teaching and learning from each other about mental illness as a means of achieving recovery. This group is open to all veterans. There are no therapists at the meetings, only peers helping peers. The groups are held at the Houston VA in Room 6B-117 on Tuesdays, 3-4 p.m., Wednesdays, 11 a.m.-12 noon, and Wednesdays, 6-7 p.m. For more information, contact Dr. Sara Allison at (713) 791-1414, ext. 6729 or (713) 794-7848.

Question: How do I get more news and information about the Michael E. DeBakey VA Medical Center and veterans' health care?

Answer: Send an e-mail to bobbi.gruner@med.va.gov to sign up to receive news releases and information. You can also visit www.houston.med.va.gov and click on the "In the News" symbol.

Question: What is going on at the Retail Store?

Answer: The remodeling project of the VCS Retail Store, that began on May 1, 2007, will increase its size and allow for a larger variety of merchandise, improved layout, and better lighting. Dur-

ing construction, a temporary wall will divide the Retail Store so it may remain open. For more information, contact the VA Canteen Service at (713) 794-7133.

Question: Is there usually a long wait for care at the Emergency Room?

Answer: The MEDVAMC Emergency Room (ER) functions under an Emergent Care Triage Protocol System. This means critical cases such as cardiac emergencies, pneumonia, and difficulty breathing are seen before non-critical ones – no matter when a patient arrives. This may result in very long waits for patients with non-life threatening illnesses such as colds, ingrown toenails, rashes, prescription refills, or minor illness that have been present for several days.

The ER is not designed to serve as a primary care provider for patients. Patients are assigned a Primary Care Team at the MEDVAMC to ensure continuity of care. Primary Care providers are supported by a team of nurses, clerks, social workers, dieticians, pharmacists, and other skilled professionals to assure patients receive well-coordinated medical care. If you have not been assigned a Primary Care Team, call the VA Network Telecare Center at (713) 794-8985 or tollfree 1 (800) 639-5137.

Question: I heard the VA sells houses. Is this true?

Answer: The VA acquires properties as a result of foreclosures on VA-guaranteed and VA-financed loans. These acquired properties are marketed for sale through a property management services contract with Ocwen Loan Servicing, LLC in West Palm Beach, Florida.

Properties for sale may be viewed at www.homesales.gov. If you are interested in buying a VA-acquired property when it is listed for sale by Ocwen Loan

Servicing, LLC, please contact a local real estate broker of your choice to see the property.

Question: How do I apply for a review of my "other than honorable" discharge from the Army?

Answer: Each of the military services maintains a discharge review board with authority to change, correct, or modify discharges or dismissals not issued by a sentence of a general courts-martial. The board has no authority to address medical discharges.

The veteran or, if the veteran is deceased or incompetent, the surviving spouse, next of kin or legal representative may apply for a review of discharge by writing to the military department concerned, using DD Form 293 - "Application for the Review of Discharge from the Armed Forces of the United States." This form may be obtained on Web at www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm or by calling the Houston VA Regional Office at (713) 383-1999.

Question: Can I get my medications at VA?

Answer: Yes, generally, to receive medications from a VA pharmacy, the prescriptions must be written by a VA health care provider. You may be charged a \$8 copayment for each 30-day or less supply of each medication provided for treatment of a non-service connected condition.

Question: Is the valet parking at the Houston VA free?

Answer: Free valet parking is available at the main entrance for veterans. This service operates Monday through Friday, 7 a.m. to 5:30 p.m., except for federal holidays. A "No Tipping" policy is strictly enforced.

Important VA Telephone Numbers

Michael E. DeBakey VA Medical Center	(713) 791-1414 or toll-free 1-800-553-2278
VA Network Telecare Center	(713) 794-8985 or toll-free 1-800-639-5137
Beaumont VA Outpatient Clinic	(409) 981-8550 or toll-free 1-800-833-7734
Charles Wilson VA Outpatient Clinic (Lufkin)	(936) 637-1342 or toll-free 1-800-209-3120
Conroe VA Outpatient Clinic	(936) 522-4000
Galveston VA Outpatient Clinic	(409) 741-0256 or toll-free 1-800-310-5001
Texas City VA Outpatient Clinic	(409) 986-1129 or toll-free 1-800-310-5001
Pharmacy Refills	(713) 794-7648 or toll-free 1-800-454-1062
Pharmacy Helpline	(713) 794-7653
Appointment Information	(713) 794-7648 or toll-free 1-800-454-1062
VA Eligibility & Enrollment	(713) 794-7288
Operations Enduring Freedom & Iraqi Freedom Coordinators	
Fern Taylor	(713) 794-7034
Vickie Toliver	(713) 794-8825
Vet Center (701 N. Post Oak Road)	(713) 682-2288
Vet Center (2990 Richmond Ave.)	(713) 523-0884
Patient Representatives	
Houston/Galveston/Texas City	(713) 794-7884
Beaumont	1-800-833-7734, ext. 113
Conroe	(936) 522-4010, ext. 1952
Lufkin	(936) 633-2753
Houston VA National Cemetery	(281) 447-8686
VA Regional Office	
Main Number	(713) 383-1999 or toll-free 1-800-827-1000
Compensation/Pension	1-800-827-1000
Home Loans	1-888-232-2571
Education	1-888-442-4551



Michael E. DeBakey VA Medical Center's

POW/MIA Day Ceremony

*Honoring Our Nation's
Former Prisoners of War
And Those Missing In Action*

September 21, 2007 – 10 a.m., 4th Floor Auditorium

Keynote Speaker: Ron Ridgeway U.S. Marine, Former Prisoner of War, Vietnam

The keynote speaker will be Mr. Ron Ridgeway, a former POW in Vietnam. Mr. Ridgeway was a U.S. Marine, 18 years old, on patrol with his fellow Marines on February 25, 1968, when they were attacked by the North Vietnamese Regular Army. He was the sole survivor of the attack, but lay wounded and bleeding for a day before being captured. He was listed as "killed in action" in 1968, after being listed as "missing in action" for six months. After five years of imprisonment, Mr. Ridgeway returned home to his surprised family. Funeral services had been held for him and the eight other members of the patrol about a year after his reported death.



Call Public Affairs at (713) 794-7349 for details.